



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN
COMMISSIONER
COMPTROLLER GENERAL

Seventh Floor, West Tower
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Atlanta, Georgia 30334
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August 7, 2001

GID - 2
Rev. 12/94

REGULATORY SERVICES SECTION APPLICATION FOR ORIGINAL CERTIFICATE OF AUTHORITY STATE OF GEORGIA – DEPARTMENT OF INSURANCE

To the Commissioner of Insurance of the State of Georgia:

(Name of Company)

domiciled in State of _____ and whose home or principal office is located in the city of _____, an State of _____ by its President hereby makes application for a Certificate of Authority to transact business in the State of Georgia for the period ending June 30, 20____, and declares: That it proposes to engage in and write the following classes of insurance in the State of Georgia:

Life, Accident and Sickness	()
Property, Marine and Transportation	()
Casualty (including Workers' Compensation	()
Yes _____ No _____)	
Surety	()
Title	()

That the Company was incorporated or organized: _____

(Date)

Form of Organization: _____

(Stock, Mutual, Reciprocal, Etc.).

State or County of Domicile: _____

Date Company began business: _____

That the Company is currently licensed to do business in those States as shown in Schedule T in the certified copy of the Annual Statement submitted herewith and made a part hereof.

That a statement is attached hereto as Exhibit "A", and made a part hereof, setting forth the names and addresses of all general officers of the Company, with the number of shares of capital stock of the company held by or for each such general officer, or by other for his benefit, and the percentage of the total capital stock of the Company held by each such general officer.

That there is submitted herewith and made a part of this application a statement of the financial condition of applicant as of December 31, 20____, and all other documents and information required by statute and all information requested in the Schedule of Filing Requirements (Form GID-1) furnished to applicant by the Commissioner.

The applicant will furnish such additional pertinent information as may be required by the Commissioner.

IN WITNESS WHEREOF, the said Company has to
these presents affixed its corporate name and caused
the same to be subscribed by its President and attested
by its Secretary at the City of _____,
in the State of _____, on the _____
day of _____, 20____.

(Company Name)

(President)

ATTEST:

(Its Secretary)

(SEAL)